Prestige Nursing Limited

Prestige Nursing – Liverpool

Inspection report

Liverpool Film Studios
105 Boundary Street,
Liverpool.
L5 9YJ.
Tel: 0151 284 0541
Website: www.prestige-nursing.co.uk

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an announced inspection of Prestige Nursing – Liverpool on 10 & 15 December 2015. The inspection was announced to ensure that staff were available to support the process.

Prestige Nursing - Liverpool provides personal care and support with domestic tasks to people living in the community. It also provides nursing staff to health and social care settings.

At the time of the inspection a registered manager was not in post. The manager was in the process of registering. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people about the safety of services. Each of the people that we spoke with told us they felt the service they received was safe. The provider had delivered an extensive training programme for staff and managers regarding adult safeguarding. The provider had a range of

Summary of findings

systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. Evidence of these systems was made available during the inspection.

The care files that we saw showed clear evidence risk had been assessed and reviewed regularly. The risk assessment processes were sufficiently detailed and robust.

Incidents and accidents were subject to a formal review process which included a meeting with any staff involved and an analysis that was shared with the manager.

Staff were recruited following an extensive process which included individual interviews and shadow shifts [working alongside an experienced colleague]. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check.

Medicines were stored in people's homes and administered safely with staff support.

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. Staff were supported by the organisation through regular supervision and appraisal.

The organisation promoted effective communication with staff and people using services through the completion of daily records, regular supervision and appraisal.

Staff demonstrated that they understood the key principles of the Mental Capacity Act 2005 (MCA) and delivered care and support in accordance with the act.

People were supported to eat and drink in accordance with their individual care plans. In some cases these plans had been developed with the input of a dietician. The organisation also employed a specialist nurse to offer advice if required. Records of food and fluid intake were recorded in daily notes.

We saw that people were supported to maintain good health through regular contact and review with a range of healthcare professionals. The organisation maintained effective links with district nurses and was involved in the review process.

People told us that they were treated with kindness and respect by staff.

The staff we spoke with knew the people that they cared for and their needs in appropriate detail. Staff told us they had sufficient time to focus on the person and not the task.

The records we saw showed that people were actively involved in making decisions about their care. Their views were recorded and considered as part of the review process by staff and healthcare professionals. People were given choice in the delivery of care and their independence was maintained and promoted appropriately.

We saw that people were actively involved in the assessment process and the planning of care. Care was also reviewed as part of the staff supervision process and the analysis of incidents.

People were encouraged to follow their interests and hobbies by staff.

People were given choice about the gender of their care staff and the times when staff provided care.

All of the people we spoke with understood how to complain if they needed to, but none of them had registered a formal complaint. People were encouraged to provide feedback to the organisation through informal and formal mechanisms.

At the time of the inspection there was no registered manager in place. The manager was in the process of registering with the commission.

The manager and supervisors were clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well.

Staff were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people they supported and their job roles.

The organisation had a robust approach to the monitoring of quality at a local and national level. Systems included; spot checks, care file audits, telephone calls to people using the service and general audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us that they felt safe when care was being provided.

Staff were recruited following a robust process which included the completion of appropriate checks.

Risk was reviewed regularly and as people's needs changed.

Good

Is the service effective?
The service was effective.

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs.

Staff were supported by the organisation through regular supervision and appraisal.

People were supported to maintain good health through regular contact and review with a range of healthcare professionals.

Good

Is the service caring?
The service was caring.

People told us that staff treated them with kindness and respect.

Staff knew the people that they cared for well and spoke positively about them.

People had choice and control over the way in which their care was delivered.

Good

Is the service responsive?
The service was responsive.

People contributed to the assessment and planning of their care.

People were supported to access the local community and to pursue hobbies and interests.

People were encouraged to provide feedback through formal and informal mechanisms.

Good

Is the service well-led?
The service was not always well-led.

A registered manager was not in post at the time of the inspection.

The manager and supervisors were available to people using the service and the staff and understood the culture and issues.

Requires improvement

Summary of findings

The organisation had a range of quality audit processes in place and completed actions in a timely manner.	

Prestige Nursing – Liverpool

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 15 December 2015 and was unannounced.

The inspection was conducted by an adult social care inspector.

The provider had not been requested to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the service, their relatives, staff and managers. We also spent time looking at records, including six care records, six staff files, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

During our inspection we spoke with five people using the services. One person was living with carers employed by the organisation. The other four received care in their own homes. We spoke with the manager, two supervisors and four other staff.

Good

Is the service safe?

Our findings

We asked people about the safety of services. Each of the people that we spoke with told us that they felt the service they received was safe. One person told us, "The staff know me. I always feel safe." Another person said, "Staff always turn-up on time and my medicines are always done on time." A third person told us, "Safe, oh yes. I have regular staff. I know them well. They've been with me for three years."

The provider had delivered an extensive training programme for staff and managers regarding adult safeguarding. The staff that we spoke with confirmed they had attended the training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect were taking place. The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. Evidence of these systems was made available during the inspection.

The care files that we saw showed clear evidence risk had been assessed and reviewed regularly. Risk assessment was undertaken at the initial assessment phase and reviewed once the service had started. The most recent scheduled reviews were recorded between August and November 2015. This process had been completed by visiting the person using the service and talking with their regular staff. A member of staff told us that they had recently completed training in risk assessment. They also said, "Risk is reviewed every twelve months, or more often if things change." The risk assessment processes were sufficiently detailed and robust.

Incidents and accidents were subject to a formal review process which included a meeting with any staff involved and an analysis that was shared with the manager.

The provider had a robust approach to whistleblowing which was detailed in the relevant policy. Staff were able to explain internal mechanisms for reporting concerns and were aware of the external resources available to them if required. Each of the staff that we spoke with expressed confidence in internal reporting mechanisms. One member of staff told us, "I would tell them [supervisors] straight away."

New staff were required to have a minimum of six months' full-time experience in a similar role before being considered for employment. Staff were recruited following an extensive process which included individual interviews and shadow shifts [working alongside an experienced colleague]. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. DBS checks were renewed regularly. Staffing levels were assessed according to individual need. None of the people that we spoke with said that staffing levels had ever been a concern. New staff were introduced gradually and assessed as suitable to work with the person.

The provider had a policy and procedure to manage staff discipline. We saw examples of how this policy had been applied in relation to medication errors. Staff had been required to re-train and be re-assessed as competent before being allowed to administer medicines independently.

Staff were trained in the administration of medicines but because the services were community-based, they were not always responsible for storage and administration. Some people who used the service were able to self-administer their medication, others required support. Medication Administration Record (MAR) sheets were completed by staff where appropriate. These records were held in people's homes and were not available to us during the inspection. MAR sheets were checked as part of the provider's safety and quality auditing processes during spot-checks and nurse visits.

Good

Is the service effective?

Our findings

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. Staff were supported by the organisation through regular supervision and appraisal. One member of staff told us, "Training is on-line and in the office. Staff will talk you though the training. Support is very good." Another member of staff said, "Induction includes two and a half days of face to face learning, plus shadowing [working with an experienced colleague]."

Staff were trained in a range of subjects which were relevant to the needs of the people using the service. Subjects included; Safeguarding adults, moving and handling, administration of medication, Mental Capacity Act 2005 and equality and diversity. Staff also had access to additional training to aid their personal and professional development such as; the diploma in health and social care and a range of specialist health and social care topics. Training was delivered through a mix of e-learning and face to face sessions. A training record was maintained for each member of staff which indicated when refresher courses were required. We were shown records which indicated that all staff were up to date with training or had been booked onto the next available course. Nurses accessed the same training as care staff in addition to other professional [external] training. They were required to sign a training contract to ensure that they updated their practice as part of their recruitment.

The organisation promoted effective communication with staff and people using services through the completion of daily records, regular supervision and appraisal. Supervisions were scheduled every three months. The staff records that we saw showed that this schedule had not always been maintained. We asked the provider about this and were told that supervisions were sometimes missed when staff were on leave or off-sick. They agreed to ensure that alternative dates were set when supervision had been missed. The organisation also used a secure website for staff to check important information and access policies and procedures. People using the service received regular phone calls and visits from the managers to check that visits had been completed to their satisfaction.

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated that they understood the key principles of the MCA and delivered care and support in accordance with the act. None of the people currently being provided with services was assessed as lacking capacity to consent to care.

People were supported to eat and drink in accordance with their individual care plans. In some cases these plans had been developed with the input of a dietician. The organisation also employed a specialist nurse to advise if required. Records of food and fluid intake were recorded in daily notes. One care plan contained conflicting information regarding a choking risk. We asked the provider about this and were told that the form had been completed incorrectly. The error did not present any additional risk to the individual and was checked and corrected before the end of the inspection.

We saw that people were supported to maintain good health through regular contact and review with a range of healthcare professionals. The organisation maintained effective links with district nurses and was involved in the review process. One member of staff told us, "We work with other agencies and speak to the district nurses." We saw from care records that changes had been recorded and acted on by staff.

Good

Is the service caring?

Our findings

We asked if people using the service would consent to being visited as part of the inspection process. Each of the people that we spoke with said that they would prefer to speak on the telephone. As a result we were unable to observe the delivery of care, but people spoke positively about the way in which care was delivered. One person said, "Staff are always on time and treat me with kindness." Another person told us, "They [staff] are very nice." People also told us that the majority of staff engaged in conversation while they provided care, but one person told us, "Sometimes they speak, but they're usually quiet."

The staff that we spoke with knew the people that they cared for and their needs in appropriate detail. Staff told us that they had sufficient time to focus on the person and not the task. This approach was endorsed by the supervisors and manager that we spoke with. We saw that care plans were sufficiently detailed and focused on the person not just their care needs. Care practice was assessed during visits by senior staff within the organisation with reference to these plans.

The records that we saw showed that people were actively involved in making decisions about their care. Their views were recorded and considered as part of the review process by staff and healthcare professionals. People were given choice in the delivery of care and their independence was maintained and promoted appropriately. We were told that if regular staff were unable to attend a scheduled appointment the person using the service was contacted and given the option of selecting alternative staff or cancellation of the visit. We saw that one person was represented by an independent advocate in the decision-making process. Other people were able to advocate effectively for themselves.

We asked staff about the promotion of privacy and dignity when delivering care. A member of staff said they were told never to forget that they worked in a person's home. Another member of staff said, "The needs of service users always come first." The staff we spoke with were respectful of the people that they cared for and recognised the need to maintain dignity when providing personal care. None of the people using the service that we spoke with expressed any concern regarding their privacy and dignity when being supported by the organisation. The care records that we saw used language which was respectful and professional when describing people and the care provided.

People's confidentiality was maintained by the careful management of written information and the monitoring of compliance with a social media policy. Important information was held in the person's home. This was only held for as long as it was necessary for the purposes of review before being transferred to the main office for secure storage. The organisation had a social media policy which required staff to maintain absolute confidentiality in relation to anything that might identify people that the organisation supported.

Good

Is the service responsive?

Our findings

We saw that people were actively involved in the assessment process and the planning of care. One person who used the service told us, "[Supervisor] comes out every year for a service review." Another person said, "Prestige ring and come and visit every few months. We talk about what works." The six care records that we saw showed that each person had been visited since September 2015 and that their care plans had been reviewed as part of this process. Care was also reviewed as part of the staff supervision process and the analysis of incidents.

People were encouraged to follow their interests and hobbies by staff. We were told of one person who was taken clothes shopping because they had a strong interest in fashion. Another person was supported to attend bingo while a third had been supported to access the community as part of their care plan.

People were given choice about the gender of their care staff and the times when staff provided care. We saw from records that these times had been adjusted to accommodate specific requests from people using the service. One member of staff said, "They [senior staff] spent a lot of time producing [person-centred] plans. [Service user] got the choice."

All of the people that we spoke with understood how to complain if they needed to, but none of them had registered a formal complaint. One person said, "I would tell my daughter." Another person told us, "I would email or ring Prestige." The organisation had a robust complaints procedure in place which required the production a formal response and the consideration of preventative action. The last complaint was recorded in February 2014. Supervisors told us that they would consider it a failure if people needed to log a formal complaint.

People were encouraged to provide feedback to the organisation through informal and formal mechanisms. A survey was distributed earlier in the year to the six people using the domiciliary care [care at home] service. Only one person completed and returned the survey. Their feedback was positive. We were told that people were encouraged to complete the survey, but preferred to talk to staff if they had any issues to raise.

During the course of the inspection we heard staff talking with people using the service and their representatives on the telephone. They regularly checked if people had any issues that they wished to report. We also saw supervisors and other staff discussing where issues might arise and agreeing plans to minimise any disruption to the service.

Requires improvement

Is the service well-led?

Our findings

There was no registered manager in place. The manager was in the process of registering with the commission. The service was part of a larger organisation that had a clear and consistent vision for the development of its services. We saw that the organisation promoted its vision and values through its web site and written materials. Each of the staff that we spoke with understood these values and was able to express them. Staff enjoyed working for the organisation and felt supported. One person told us, "I really enjoy my work for Prestige. I'm proud to work for them." Another member of staff said, "Prestige is the first agency that I've worked for. I've found them very good."

Staff were encouraged to give feedback on their experiences and make suggestions for development. A staff survey had recently been completed, but not yet analysed. The previous survey was completed in 2014. 24 out of 53 staff completed the 2014 survey. The results had been analysed at a national level and were generally positive in all areas. We were told that where issues had been identified they were shared with the local manager for their consideration and action.

The manager and supervisors were clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The manager was honest about issues and pressures within the service and described how they were addressed to ensure high-quality, consistent care. They told us that the service refused to deliver 30 minute visits, "Because you cannot provide quality."

The manager was available to members of the staff team throughout the inspection and offered guidance and support appropriately. They told us, "The staff are very important. Their training and support is paramount." The manager had sufficient resources available to them to monitor quality and drive improvement. These resources included specialist support with recruitment and nursing matters and a range of electronic systems which captured and shared important information.

Staff were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. Each of the staff was positive about the support offered by the organisation. One member of staff said, "I haven't had many issues, but I feel that I could phone. Staff are really helpful."

The organisation had a robust approach to the monitoring of quality at a local and national level. Systems included; spot checks, care file audits, telephone calls to people using the service and general audits. The branch [local] audit was completed in May 2015 and recorded a score of 85%. Issues and actions were clearly identified. We saw that these actions had been completed. The organisation maintained a comprehensive set of electronic records which were used to assess compliance with internal standards and quality. The manager and staff were able to access these records as part of their quality monitoring processes. Printed versions of audits and other records were made available during the inspection.